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ABSTRACT

Supervision of the counselor trainee by a supervisor during an actual counseling session is the topic of this presentation. The first page, presented in outline form, lists six types of live supervision: bug-in-the-ear, monitoring, in vivo, phone-in, consultation, and walk-in. Also listed are differences between individual and family live supervision. The second page is a flow chart for considerations and decisions in the live supervision of therapist trainees. The third through sixth pages present the following topics in outline form: (1) trainee assessment and pre-session considerations, including assessing generic skills, defining strategies, and aspects of the therapeutic-supervisory process; (2) during session considerations including domains of intervention, factors in the decision to intervene, guidelines for intervention, and decisions about intervention-reintervention; and (3) post-session considerations. Acculturation of counselors to live supervision is discussed with suggestions for the acculturation process, examples of phone-ins, and examples of interventions. A bibliography is included. (ABL)

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Live Counselor Supervision:

Focus on Trainee, Acculturation and Supervisor Intervention Skills

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for

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Live Supervision: Comparisons

I. Types of live supervision

A. Bug-in-the-ear: electronic device, supervisor directs supervisee.

B. Monitoring: Observing the session for purposes of monitoring, only intervention is "walk-in" if counselor is in difficulty, depends primarily on post-session processing.

C. In vivo: In room consultation with counselor trainee (supervisee), usually conducted in view of clients.

D. Phone-in: Use of phone intercom to interact with counselor to implement interventions.

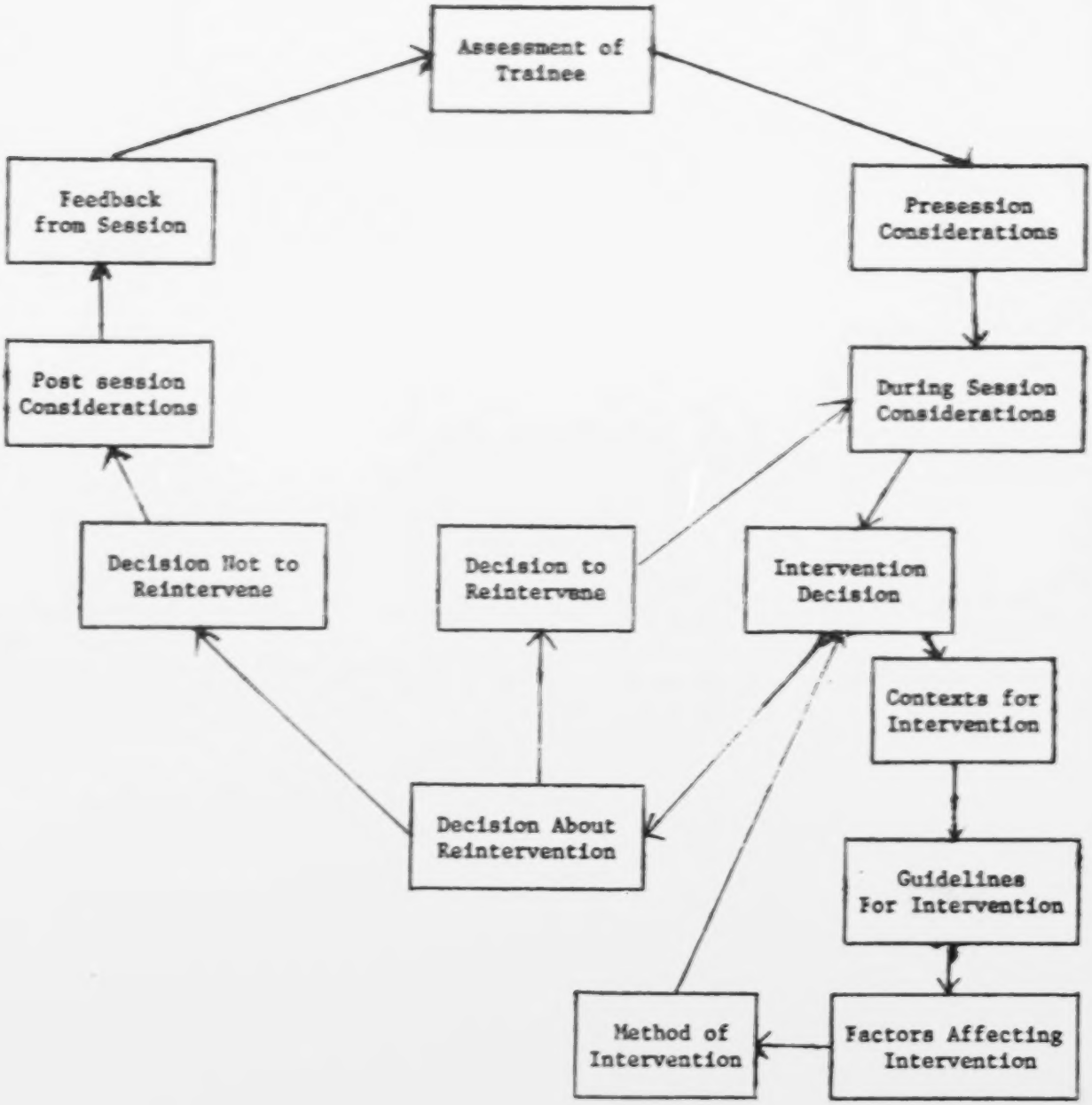
E. Consultation: Supervisor calls therapist out-of-room for conference regarding treatment and implementation.

F. Walk-in: Supervisor walks in, usually interacts with both therapist and clients.

II. Differences between Individual vs. Family Live Supervision

Individual	vs.	Family
- trainee skill development		- treatment implementation
- intrapsychic processes		- interpersonal processes
- dyadic interaction		- interaction change
- abstract concepts		- concrete directives
- hierarchical relationships: supervisor-supervisee relationship		- hierarchical: team focus-supervisor-supervisee, supervisor family

Considerations & Decisions
in Live Supervision of Therapist Trainees
(flow chart)



(Adapted from Liddle & Schwartz
Family Process, Dec. 1983)

Trainee Assessment

and

Pressession Considerations

I. Trainee Assessment

A. Information gathered prior to the conduct of any live supervision

B. Supervisor should make explicit to herself/himself judgments about the trainees level of competence

C. In particular one is assessing skills germane to a particular model - generic skill areas might include:

.structuring behaviors
.relationship behaviors
.historical behaviors
.structural/process behaviors
.experiential behaviors

II. Presession Considerations

A. Goal is to prepare the trainee, supervisor and observers for the interview

B. Define an overall strategy and some guidelines about specific interventions

C. Prepare by considering 4 aspects of the therapeutic-supervisory process

1. Client (individual, couple, family) considerations

.Focus on defining case specific objectives i.e. session specific, mediating and ultimate goals
.Distill key content and interactional themes

2. Trainee considerations -

.Specify trainee objectives through the consideration of level of competence and stage of development

3. Relationship considerations -

.Focus on the process and content of the session rather than on evaluative aspects
.Gain a mutual understanding of the hierarchical nature of supervision
.Focus on competence by joining and supporting strengths
.Clarify the forms and rules of various supervisory inputs

4. Teaching considerations -

.Create a mood altering supervisory reality that generates energy in the trainee to conduct therapy and the viewers to actively observe
.Help viewing group to be effective supervisees

During Session Considerations

Concerning Interventions

I. The supervisor may notice client interactions, trainee errors, opportunities to pursue a theme, a chance to focus on a trainee skill, or an opportunity to illustrate something to a training group. The supervisor may intervene into any of 4 domains.

A. Client domain

.Rarely a supervisor may want to intervene in the client(s) sub-system--usually because of a danger within the sub-system

B. Trainee domain

.Intervention would relate to the accomplishment of the trainee's session-specific goals

C. Therapeutic system domain

.Intevention into the therapist plus client(s) system
.Usually repetitive non-productive patterns serve as the stimulus for intervention

D. Training system domain

.Usually a secondary area for intervention - but teaching of observing group occurs while supervision of trainee occurs

II. The decision to intervene is based on several factors

A. Urgency - importance of intervention and consequence if not carried out

B. Probability the trainee will eventually take appropriate action

C. Liklihood the trainee will carry out the proposed intervention

D. The nurturance of differentiation on the part of the trainee

III. Guidelines for intervention

A. The following contexts may call for intervention -

.if trainee strays from a predefined task for more than a few minutes
.if trainee engages in more-of-the-same interaction
.if trainee responds as a client (family member) rather than therapist
.if trainee becomes passive in a chaotic situation
.if trainee enters a power struggle with a client
.if the trainee intervenes in a way that elicits an undesirable response

B. How to intervene

.Must decide the level of concreteness versus abstractness of directive-ex."turn to father and say" or "develop theme of "
.Must decide if intervention is directive of suggestive
.Must decide the level of brevity versus elaboration of explanation

.Must decide appropriate level of intensity with which to deliver directive

C. Factors affecting structure, content, and formulation of supervisors directive

.What is the generic difficulty of the proposed intervention ex. unbalancing might call for more concreteness than a low level enactment
.What is the complexity of the intervention
.May decide to redirect the content or theme of session
.May decide to redirect the process of the session
.Must also consider idiosyncratic world view of the client
.Must be aware of trainee's learning style and level of functioning
.Must be aware of relationship level with trainee
.Must be aware of both supervising and teaching at the same time

D. Method of intervening - the supervisor should tailor her/his method of intervention to the situation.

.Phone-in
.Consultation
.Walk-in

IV. Decisions about intervention-reintervention

A. Post-intervention the supervisor assesses delivery of intervention

.Did the trainee implement the supervisory directive?
.If not, was it because of lack of clarity in directive, relationship problems between supervisor and trainee, or a decision by the trainee to change the plan?
.If directive was implemented, how well was it implemented?

B. Post-intervention the supervisor assesses impact of intervention

.Did the intervention have the desired effect?
.If not, was that because of the trainee's translation, inadequacy of the intervention, or other factors
.If intervention was effective, is the outcome still desirable

C. If assessment indicates the desired outcome was not achieved either in terms of trainee performance of client(s) response, a decision about recontacting the trainee must be made based upon factors listed under Section III (above).

Post Session Considerations

I. Post-session review is intended to:

.Highlight significant aspects of the session in the light of both client(s) and trainee specific goals agreed upon prior to the session
.Allow all parties to debrief conceptually and affectively
.Provide continuity for all concerned
.Connect the session to broader aspects of training

II. Tips for conducting post sessions

.Trainees seem to benefit from only a few "bits" of information, therefore summarize concisely
.It is helpful to take a break between the session and post-session so the supervisor can prepare and prioritize comments

Acculturation of Counselors to Live Supervision

The acculturation of counselors to Live Supervision takes place in the initial phase of Practicum. The supervisor's role is to convey the idea of support for the counselor when phone-ins are made during therapy and also to lower counselor anxiety in being aware that someone is watching them. An important aspect of this acculturation is the awareness of Live Supervision being a helpful process for the counselor and not one of critical evaluation in which the counselor is expected to do everything right.

Suggestions for this acculturation process:

1) Interviews are conducted with clients who have experienced live supervision. Videotapes are made of these interviews, and these are introduced to practicum students to alleviate anxiety as to client reaction of the phone-in. The first question most counselors ask is, "What does the client do when the phone rings?"

2) Beginning counselors are present while live supervision is conducted with other counselors. The phone-ins are explained by the supervisor while they are being made and counselors are able to view the process and ask questions of each stage of the process.

3) Practicum counselors are taken through the preparation of counseling sessions utilizing role plays. Hypothetical cases are used, and counselors work through the consecutive stages of Pretreatment, Counseling-During Session, and Posttreatment. Possible reasons for the use of the phone-ins are planned and coordinated during the session.

4) The supervisor prepares the counselor for the use of live supervision by careful planning of the counseling session with hypothetical situations in which the phone-ins will be used. The counselor then has some expectations of the supervision process and can be prepared for interventions which were previously discussed.

Acculturation of Clients with Live Supervision

Live supervision is usually presented to the client in the first counseling session and dependent upon the supervisor, this presentation can vary.

With couples and families, the phone-in system is introduced as a team approach with the therapist in the counseling session and other team members viewing the session at a monitor.

Examples of Phone-Ins and Client Reaction:

1) Smith Family - The phone-in system was not initially introduced to this family. This family did not meet any team member and the caller remained mysterious. When the team approach was explained as the purpose of the phone calls, the husband remarked that he could understand how a team could be helpful in therapy and created the comparison of a football team needing all team members to make a touchdown.

Client reaction during the phone-ins - The family usually remained silent and waited patiently for the call to end. At other times, they continued to converse with one another and ignored the phone-in.

2) Baker Family - The phone-in system was introduced to this family in the first session. This family would meet and talk with a team member after a session due to the scheduling of these sessions on a Sunday morning. The team member became a presence that was accepted during each therapy session. When the phone-in was made, the family would joke about it and wonder what would be suggested to the therapist for change in the session. The therapist used the team member for therapeutic leverage by referring to the phone-in and stating the message from the team.

3) Cole Family - This family met the team member in the lobby of the Bureau prior to the session and the explanation of the phone-in. The team member explained that he would be watching the session and preferred to remain outside the room, as it enabled him to think clearly.

The phone-in system was explained to the family by the therapist. The family remained silent during the phone-in and did not question the message or delivery of the intervention.

Live supervision was presented differently in each of the three cases above and in all three situations, the presence or absence of the team member was a variable which could be used for therapeutic change. Client acceptance of the phone-in varied and appeared to be related to the acculturation of the process and the awareness of team members.

Live Supervisions: Interventions

This session was observed by a class of practicum students who had not yet experienced live supervision. During this session, the supervisor intervened three times using the phone-in method. The interventions were based on the following factors:

1. Urgency - the significance and the implications of the interaction between the client and her father would have been dealt with on a relatively surface level without the interventions.

2. The trainee was accustomed to being live supervised with this supervisor and possessed an understanding of the hierarchy involved with live supervision. Therefore, the interventions focused on the process of the session based on the likelihood that the therapist would follow the directives.

Intervention #1:

The trainee was getting off the track and engaging in "more of the same" interaction. The supervisor instructed the therapist to focus on what the Dad wanted from the client as a result of his sharing his fears with her. This clarified for the therapist that she needed to pursue the purpose of the interaction within the context of the family system. This intervention was also consistent with the pre-session goal of Julie acknowledging her own needs in the relationship.

Intervention #2:

The therapist was paralleling the problem in that she was "tip-toeing" around the client in the same way the client was protecting her Dad. The supervisor told the trainee to have Julie tell her Dad that she takes him seriously and to puruse what he needs from her at this point. This intervention brought the therapist back to task and to a process rather than content level.

Intervention #3:

The client was beginning to explore her feelings on a new and deeper level and the third intervention facilitated this process. The trainee was instructed to do a role-play with Julie in which Julie shares her needs with her Dad. The call-in anticipated the clients reluctance to engage in the role play. A suggestion was made to be persistent and for the therapist to be flexible about playing either Dad or Julie. (We usually ask the client to play themselves as the first step in a role-play sequence.) During the role-play, the therapist was able to provide Julie with some tools to use when talking to Dad about her fears and needs.

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